



Outpatient Services • Multipurpose Senior Services Program

May 2006 • Bulletin 379

Contents

Medi-Cal Training Seminars

Providers Receiving RAD Messages
for Over-One-Year Claims 1

Providers Receiving RAD Messages for Over-One-Year Claims

Effective May 1, 2006, providers will no longer receive acknowledgement, approval or denial letters for claims submitted more than 12 months from the month of service and that meet established late submission requirements. Such claims will be noted on a *Remittance Advice Details* (RAD) with a message indicating the status of the claim.

The policy described above applies only to original claims delayed over one year from the month of service due to court decisions, fair hearing decisions, county administrative errors in determining recipient eligibility, reversal of decisions on appealed *Treatment Authorization Requests* (TARs), Medicare/Other Health Coverage delays or other circumstances beyond the provider's control, and were subsequently sent to EDS' Over-One-Year Unit.

This updated information is reflected on manual replacement page ub sub 3 (Part 2).

Multipurpose Senior Services Program Bulletin 379

Remove and replace: hcpcs iii 1/2 *
 oth hlth cpt 1/2 *
 ub sub 3/4, 5/6 *

* Pages updated due to ongoing provider manual revisions.